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APPLICANTS

Outi Aho, Lempaala, FINLAND;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance RS Initials	FINLAND	4	12

ADDRESS

Perman & Green
 425 Post Road
 Fairfield, CT 06430-6232
 UNITED STATES

TITLE

Method and a device for transferring capability information

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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